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Bib Data Sheet

CONFIRMATION NO. 9736

SERIAL NUMBER 09/975,501	FILING OR 371(c) DATE 10/11/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 015511-000002
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APPLICANTS

John W. Cuozzo, Sewell, NJ;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/09/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

42840

TITLE

Apparatus and method for intra-oral stimulation of the trigeminal nerve

FILING FEE RECEIVED 455	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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